

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10 / 576196

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT				
	IND.		DEP.		IND.			IND.		DEP.		IND.		DEP.		
1	1							51								
2		1						52								
3		1						53								
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48		1						98								
49		1						99								
50		1						100								
TOTAL IND.	1															
TOTAL DEP.	10															
TOTAL CLAIMS	11															